Formula milks for the older infant

Sir,

Dr Dossetor¹ rightly suggests that the 'follow on' formula Progress has been designed to fill a 'fictitious nutritional gap', and that nutritionally its use is inadvisable before 6 months of age. The BPA Nutrition Committee² state that no legislation specifies the *composition* of infant formulas, but omits to mention that the WHO Code of Marketing of Breast Milk Substitutes does restrict the *marketing* of these formulas. Progress has been advertised to the public directly and through the health care system, and this is not allowed for 'bottle-fed complementary foods' under the WHO Code: though the manufacturers have found a loophole in the weaker Food Manufacturers' Federation voluntary code of milk marketing, by calling their product a 'milk drink'. Progress is being put in exactly the same type of tin as milk formulas and instructions are given for how to prepare it for bottle feeding. In some parts of the country, mothers are being told by chemists and health

visitors that this milk is 'more satisfying' and may therefore be used for large or unsettled babies younger than 4 months.

These considerations add further weight to our view that paediatricians should support the adoption of the stronger WHO Code in Britain: not only because it is needed in this country, but as a symbol of our support for the international and UNICEF-lead campaign to promote breast feeding, especially in developing countries.

References

- ¹ Dossetor JFB. Formula milks for the older infant (letter). *Arch Dis Child* 1985;**60**:686-7.
- ² British Paediatric Association Nutrition Committee. Formula milks for the older infant (statement). *Arch Dis Child* 1985;**60**:687-8.

TONY WATERSTON AND ANDREW PORTER
*Ninewells Hospital and Medical School,
 Dundee DD1 9SY*

Book reviews

Human Experimentation. A Guided Step Into the Unknown. By W A Silverman. Pp 204: £20.00 hardback. Oxford University Press, 1985.

Part of medicine is applied science—one hopes in the interests of humanity. Science, we are now taught by the philosophers of that subject, involves the testing of hypotheses to destruction with the survival, not necessarily permanent, of those most compatible with the facts.

Dr Silverman's book is concerned with the ethically vexed question of how we should try to make sure that new (or indeed old ways) of treating disease are subjected to this critical scrutiny; bearing in mind that it is with regard to their effects on our patients, fellow human beings with finite lives and non-expendable faculties, that the crucial experiments must be made.

It is appropriate that a justly respected neonatologist should undertake this task, since in no other field of medicine has more iatrogenic damage been done with the best of intentions to patients unable to volunteer or contract out of what have, until recently, been very badly designed therapeutic experiments, unable to generate reliable conclusions.

To do this Dr Silverman interweaves a

history of science with the history of neonatal paediatrics, demonstrating with wit, erudition, and a penetrating intellect how we ought to have set about evaluating the sometimes very effective, and sometimes very harmful or pointlessly expensive kinds of management that are now de rigueur or fashionable in special care baby units. Given that critical Gallilean experiments are difficult to design or carry out when human beings, rather than inanimate objects or lower animals, are involved, nevertheless without them we shall never know what is good and what is bad about our practice.

Perhaps amongst all his other stupendous crimes the worst service Dr Mengele did to the human race was to make 'human experimentation' something that we all react intuitively against when in fact it is perfectly comparable with, and indeed necessary for, the humane practice of medicine. If Mervyn Susser is right in thinking that the invention of the randomised clinical trial was as important a step forward in medical technology as that of the microscope, we in Britain can take most of the credit, both for its theory and its introduction into practice.

If the guiding principle of medical practice should be above all to do no harm this

is the instrument by which we can obey it while still trying to do more good than our fathers could.

What Dr Silverman's book does is not to explain the 'how' of such trials but the 'why', and what for; and in this respect he has no rival and his book should be made compulsory reading for medical students. It would represent an ideal gift to someone about to enter a clinical school, or a prize, especially as it is elegantly written and beautifully produced. There is, however, one omission from the otherwise very well chosen bibliography and that is Anthony Edwards' too little known book on 'Likelihood', which carries the argument one stage further and would make a nice light blue complement to Dr Silverman's dark blue book written while he was on sabbatical leave in Oxford.

JOHN DAVIS

Pediatric Infectious Diseases for the Practitioner. Comprehensive Manuals in Pediatrics. By M I Marks. Pp 854: DM 198 hardback. Springer-Verlag, 1985.

This book is one of a series designed to provide the frontline paediatrician with ready access to subspecialty expertise. It

reflects its North American origins in selecting infectious diseases as a clinical speciality and in giving it wide ranging scope. There will be those on this side of the Atlantic who will see much of its contents as the core of general paediatrics, or as the interface between microbiology and other speciality areas. Dr Marks has, in single handedly writing this helpful book, proved himself a lucid and powerful advocate for his field of interest. His entire emphasis is on clinical practice and he provides clear guidance on common problems as well as coverage of the exotic.

The first section reviews immunisation and antimicrobial treatment, the latter being sufficiently up to date to include the modern cephalosporins and semisynthetic penicillins. This is followed by a chapter dealing with congenital, perinatal, and neonatal infections. The bulk of the book is organised around an organ system approach with useful additions dealing with topics such as infection of the immunocompromised child and nosocomial infections in closed populations.

In several weeks of 'test driving' this manual I found it to be among the best guides to infectious disease that I have used. The extensive contents section and the index provide for ready access, and the individual sections are liberally subheaded. The busy clinician will be particularly grateful for the clear lists of differential diagnosis, and in his spare time he can browse through the impressive collection of references. In places, the author's enthusiasm takes him into areas of management beyond the boundaries of infectious disease, and here I was less confident in the content. The black and white illustrations of rashes suffer inevitable problems, and that attempting to show scleral icterus behind a face mask must have brought a blush to the face of the publisher! These minor faults, however, provide light diversion rather than grounds for serious criticism.

Dr Marks deserves praise for having produced a truly practical manual of infectious diseases.

D I JOHNSTON

Pädiatrie im 18. Jahrhundert. (Documenta Pädiatrica vol 12). By J Oehme. Pp 171: DM 24-00 paperback. Hansisches Verlagskonto Lübeck, 1984.

Although written in German and relating to the whole of Europe, this delightful booklet on *Paediatrics in the 18th Century* might be useful also to all paediatricians interested in the history of their professional speciality. Professor Oehme reviews precisely and critically the onset of paediatrics, providing a large amount of historical information in a small and easily readable publication. The book is structured into chapters concerning among others the newborn, diseases of infants and of older children, infectious diseases, skin diseases, neurological and psychosomatic diseases, and finally social paediatrics and treatment. In the last section, biography and bibliography, 144 medical authors of the 18th century and their main contributions are alphabetically listed. Twenty nine of them were British. In fact the reader will realise to what a large extent English and Scottish scientists have contributed to the birth and early development of paediatrics. Although the term 'paediatrics' was created in Basle by Theodor Zwinger in 1722, in a Latin text *Paedoiatrea practica*, and although the most famous book on children's diseases of that century was the one by Rosén von Rosenstein published in the Swedish language in Stockholm in 1764, the most important achievements in paediatrics in the second half of the 18th century were made in England. To give a few examples, William Cadogan was the first to be called a children's doctor; he wrote the first book on nursing: *An essay upon nursing and the management of children from birth to three years of age* (London 1748). George Armstrong established in London in 1769 the first dispensary for children. Michael Underwood published in 1784 the first classical textbook in paediatrics *Treatise on the diseases of children*. Other famous physicians whose discoveries, opinions and publications are reported in this book include Whistler, Glisson, Sydenham, Whytt, Morton, and Linth. The book is illustrated

with portraits of the most important personalities discussed and the front pages of the most important paediatric publications of the 18th Century.

ANDREAS FANON

Health Promotion in the Schools. Innovative Approaches to Facilitating Physical and Emotional Well-Being. Edited by E Zins, D I Wagner, C A Maher. Pp 244: \$24-95 hardback, \$19-95 paperback. Haworth Press, 1985.

This American book deals with what in this country would be loosely called health education. The programmes and policies, however, go much further than anything as yet attempted in Britain. The areas covered include smoking, cardiovascular fitness, stress and mental health, and substance abuse. The strategies are school based and involve teaching staff and a variety of professionals from disciplines including health, social work, and psychology known collectively as 'special service providers'.

The book reviews research in each area and is well referenced at the end of each chapter. Emphasis is rightly given to short and long term assessment of the effects of interventions on the children's health as they grow up.

There is a review of the deleterious effects of divorce on parent's and children's health, and a useful chapter on interdisciplinary methods of working and their problems.

In general the book presents a balanced view of a difficult and controversial area, which is so important that none of us involved with children's or adult's health can afford to ignore it.

There is much good sense in this book, although at times the heavily worded text tends to disguise it. There is also much that could be applied to preventive health promotion in other countries—after all which child would not wish to enrol in a class which goes under the title of the 'Feelin Good Program'?

C J HOBBS